

Division of Health Care Facilities

PRINTED: 02/08/2016
FORM APPROVED

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|---|---|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER TN4401 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/03/2016 |
| NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| N 000 | Initial Comments During the Annual Licensure and Complaint survey conducted on 2/1/16 to 2/3/16, at Mabry Health Care, no deficiencies were cited in relation to the complaints #37468, 36431 and 38169 under 1200-8-6, Standards for Nursing Homes. | N 000 | | | |
| N 413 | 1200-8-6-.04(8) Administration (8) Within thirty (30) days of a resident's death, the facility shall provide an accounting of the resident's funds held by the facility and an inventory to the resident's personal property held by the facility to the resident's executor, administrator or other person authorized by law to receive the decedent's property. The facility shall obtain a signed receipt from any person to whom the decedent's property is transferred. This Rule is not met as evidenced by: Based on review of the resident trust fund and interview, the facility failed to provide an accounting for the resident's fund status to the resident's responsible party within 30 days of the resident's death for 1 (Resident #22) of 4 residents reviewed with resident funds. The findings included: Review of the resident fund account for Resident #22 revealed the 1/2016 account contained \$148.01. Interview with the Human Resource Director (HRD), responsible for the resident trust fund, on 2/3/16 at 5:30 PM in the business office revealed Resident #22 had expired on 12/6/15. Further interview revealed the HRD had debited the | N 413 | <p>N 413</p> <p>Step 1: Director of Nursing completed audit of #22 financial trust account was identified #22 trust account not being release within 30 days of expiration. # 22 financial trust closed on February 22, 2016.</p> <p>Step 2: Director of Nursing completed audit of two financial trust accounts of other residents for February 2016 and found they were compliant and trust accounts were closed within thirty days of expiration.</p> <p>Step 3: (a) February 22, 2016 Director of Nursing implemented Policy for Resident Funds, stating facility will release resident funds within 30 days of expiration. See exhibit #5 (b) Assistant Director of Nursing completed in-service to Accounts payable, Human Recourse, and Billing department regarding resident's funds being released within 30 days of expiration.</p> <p>Step 4: Within fifteen days of resident's expiration date Accounts Payable staff will review resident trust fund accounts and process for closure to the appropriate parties within thirty days of the expiration date. Accounts payable staff will report findings weekly to the IDT team for three months for review of compliance.</p> | | 2/22/2016 |

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kathleen M. Gnaus

TITLE FORM

TITLE

Adm.

(X6) DATE

3/10/16

5599

TJGF11

If continuation sheet 1 of 6

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MABRY HEALTH CARE

**1340 N GRUNDY QUARLES HWY P O BOX 7
GAINESBORO, TN 38562**

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N 413 Continued From page 1

N 413

facility expenses from the account after the death and the account contained \$148.01 as of 2/3/16. Further interview revealed the HRD thought they had 45 days to close the account and pay the responsible party. Further interview confirmed the facility failed to provide the responsible party of the deceased resident funds within 30 days of the death.

N 765 1200-8-6-.06(9)(i) Basic Services

N 765

(9) Food and Dietetic Services.

(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.

This Rule is not met as evidenced by:
This a a Type C Pending Penalty #22.

Based on policy review, observation, and interview, the facility dietary department failed to maintain dietary equipment in a sanitary manner.

The findings included:

Review of the undated facility policy entitled "Use and Sanitation of Dietary Equipment" revealed "...Sanitation...Effective sanitary practices include, but are not limited to, the following...The dietary manager is responsible for supervising all sanitation...within the dietary department...A clean department is essential for good sanitation...All equipment is cleaned as used...After each use, the designated employee cleans the mixer...slicer...preparation area...Light daily

N 765

Dietary Sanitation of Equipment and kitchen surfaces
Step 1 and 2:

2/8/2016

No resident harm was identified related to sanitary conditions of kitchen area.

Step 3:

(a) February 8, 2016 Assistant Director of Nursing in-serviced Dietary Manager and Dietary Staff regarding cleaning schedules for appliances and kitchen surfaces.
(b) February 8, 2016 Assistant Director of Nursing implemented daily/weekly/monthly cleaning schedule.
See exhibit #4

Step 4:

Dietary Manager will conduct inspections of equipment and kitchen surfaces weekly for four weeks then twice monthly until compliance is achieved.
Report findings weekly to the IDT team.

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| N 765 | Continued From page 2 cleaning is required for the can opener..." Observation on 2/2/16 beginning at 8:58 AM in the dietary department, with the Dietary Supervisor present, revealed the handles of 2 ovens had sticky residue; the slicer was covered with plastic and the slicer blade and guard had dried debris present; the mixer was covered with a plastic cover with a rust colored stain and the mixer had dried splattered debris on the underside of the beater arm; 3 storage bins had dried debris on the lids; the door handles to the walk-in freezer, walk-in refrigerator and store room had sticky dried debris present; the can opener blade and slot had a sticky black debris and metal shavings were present on the can opener base. Interview with the Dietary Supervisor, on 2/2/16 beginning at 8:58 AM in the dietary department, revealed plastic covered equipment meant the equipment was clean and ready to use. Further interview confirmed the facility dietary department failed to maintain the oven handles, door handles, bin lids, slicer, can opener and mixer in a sanitary manner per facility policy. | | N 765 | | |
| N 767 | 1200-8-6-.06(9)(j) Basic Services (9) Food and Dietetic Services. (j) Prepared foods shall be kept hot (140°F or above) or cold (45°F or less). This Rule is not met as evidenced by: This is a Type C Pending Penalty #33. Based on policy review, observation, and | | N 767 | | |

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| N 767 | Continued From page 3 interview, the facility dietary department failed to serve hot food at or greater than 140 degrees Fahrenheit (F) for 2 of 2 delivery carts. The findings included: Review of the undated facility policy entitled "Use and Sanitation of Dietary Equipment" revealed "...Sanitation...Effective sanitary practices include, but are not limited to, the following...Steps to be observed in the service and holding of foods...All potentially hazardous foods are kept at an internal temperature...at 140 degrees F or higher while being held and served..." Observation on 2/1/16 at 11:05 AM of the resident mid-day meal tray line in process in the dietary department, revealed each individual serving pan contained a thermometer. Further observation revealed the Dietary Supervisor obtaining food temperatures of the pureed chicken at 130 degrees F and the pureed egg roll at 122 degrees F. Further observation at 11:18 AM revealed the Dietary Supervisor obtaining food temperatures of the shredded chicken and pureed stir fried vegetables of 130 degrees F. Further observation revealed the tray line continued to serve the food onto 2 resident delivery carts. Interview with the Dietary Supervisor and the cook serving the food on 2/1/16 beginning at 11:05 AM at the dietary department tray line revealed the cook had taken temperatures mid way of the tray line service and noted temperatures were not at or greater than 140 degrees F and continued to serve the food without reheating it. Further interview confirmed the facility failed to maintain the resident mid-day meal food temperatures at 11:05 AM and 11:18 AM at or greater than 140 degrees F and the tray | N 767 | N 767 Food Preparation and Serving Step 1 and 2: No residents reported with GI distress during dates of 2/1/2016 thru 2/4/2016. Step 3: (a) February 8, 2016 Director of Nursing and Assistant Director of Nursing in-serviced Dietary Manager regarding safe food temperatures of delivery carts. (b) Dietary Manager will continue to check and document on daily log with hot food: 140 degrees (F) and above - cold food: 41 degree (F) and below located on top of log for references to correct temperatures on both delivery carts. (c) If hot or cold food are not in range of temperatures mentioned above, hot foods will be reheated and cold foods will be re-cooled to appropriate temperatures before serving. Step 4: Dietary Manager will monitor hot/cold food items on delivery carts: three times weekly for four weeks, then two times weekly for four weeks, then weekly for four weeks. Report findings weekly to the IDT team. | | 2/8/2016 |

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| N 767 | Continued From page 4 line continued to serve the food onto 2 resident delivery carts. | N 767 | | | |
| N 769 | 1200-8-6-.06(9)(k) Basic Services (9) Food and Dietetic Services. (k) All nursing homes shall have commercial automatic dishwashers approved by the National Sanitation Foundation. Dishwashing machines shall be used according to manufacturer specifications. This Rule is not met as evidenced by: Based on observation, interview, and review of the dish machine manufacturer's recommendation, the facility dietary department failed to operate the dish machine wash cycle per the manufacturer's recommended temperature for 4 consecutive cycles. The findings included: Observation on 2/2/16 at 8:38 AM of the dish machine in operation in the dietary department, with the Dietary Supervisor present, revealed the posted manufacturer's recommendation of the minimum wash temperature of 150 degrees Fahrenheit (F). Observation of 4 consecutive cycles of the dish machine revealed the wash temperature in degrees F of 143, 141, 137 and 136. Further observation revealed the dietary staff continued to wash and store the items being processed through the dish machine after the temperatures had been obtained and discussed with the Dietary Supervisor. Interview with the Dietary Supervisor on 2/2/16 at 8:38 AM by the dish machine in operation | N 769 | <p>N 769</p> <p>Sanitation of cook ware, dishes and utensils Step 1 and 2: No residents reported GI distress during dates 2/2/2016 thru 2/3/2016.</p> <p>Step 3: (a) February 3, 2016 Assistant Director of Nursing in-service Dietary Manager regarding proper wash and rinse temperatures of dishwasher. If wash and rinse temperatures are not in range of the manufacture guidelines, that ECO Lab will be notified immediately. (b) Until ECO Lab is able to service the dishwasher, staff will follow facility guidelines for hand washing all cook ware. See exhibit #2 (c) February 3, 2016 ECO Lab Representative here and replaced thermostat gauge on dishwasher. See exhibit #3</p> <p>Step 4: Daily dishwasher wash and rinse temperatures will be checked and recorded daily and indefinitely by Dietary Manager. Report weekly finding to the IDT team.</p> | | 2/3/2016 |

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| N 769 | Continued From page 5 confirmed the wash temperature did not reach 150 degrees F per the manufacturer's recommendation in 4 consecutive cycles. Further interview confirmed the dietary staff continued to wash and store the items being processed through the dish machine after the temperatures had been obtained and discussed with the Dietary Supervisor. | N 769 | | | |